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ON THE OBSTETRIC APPLICATION OF AUSCULTATION.

Observations on Mediate Auscultation, as a Practical Guide in Difficult Labors. By WILLIAM O'BRIEN ADAMS, M.D., Fellow of the King and Queen's College of Physicians in Ireland, &c.

THE introduction of the stethoscope, as a means of arriving at certainty of diagnosis in diseases whose phenomena from their very nature could not but be obscure, has deservedly been hailed as one of the greatest benefits conferred upon medicine in modern times. It has, in fact, in a great measure redeemed the practice of medicine from the opprobrium of a conjectural art; bringing, as it were, under the cognizance of our senses, the secret operations of nature under the influence of disease. By it we are as capable of recognizing the changes which inflammation is producing in a lung, with as great certainty as a surgeon is of ascertaining the presence of a stone in the bladder by the use of the catheter or sound; by it we can not only ascertain the existence of effusion into the cavity of the chest, but its quantity and extent; in fact, a certainty of diagnosis, in diseases of the chest, has resulted from the application of this instrument, as unequivocal to an experienced stethoscopist, as if the morbid alterations of structure were actually submitted to ocular demonstration. But the field of usefulness of this instrument has been considerably extended, by its application to practical midwifery; and were we to measure its advantages by the information which it supplies, and which could not be furnished from other sources, we should not hesitate to say, that the amount of benefit from its application to this department of medicine, at least equals, if it does not exceed, all other uses to which it has been heretofore applied. In this department alone do we find ourselves so situated, that we are called upon at the moment to decide upon a practice, the consequence of which directly involves the life of a human being. In other cases symptoms and stethoscopic phenomena lend their aid to each other; but in the case to which I at present allude, we are as it were altogether dependent upon the information which the stethoscope supplies, to prevent us needlessly exposing the mother to the risk of a protracted labor, under the too often false idea that the child is still alive; for by observations drawn from the careful and repeated employment of this instrument, we are assured of the fact that the child has ceased to live, at a period long before the time to which operation was formerly deferred. Anything which claims a pretension to being a guide in the direction of difficult labors, from the importance which the subject involves, is entitled to no moderate share of attention from the accoucheur. Authors have laid it down, that any labor not

completed within twenty-four hours after the os uteri has begun to dilate freely, the head of the child presenting, may be termed a difficult labor. This definition is liable to objection, as greater difficulties may be surmounted by one woman in a few hours, than by another in many. In a general way it may be stated, that labors are rendered difficult, either by the degree of obstruction, or by the insufficiency or absence of the power by which the obstruction should be overcome; or in other words, some are referable to the mother, others to the child. Other causes of difficult labor have been assigned, viz., an imperfect discharge of the waters, shortness of the funis, fever, weakness of the constitution, passions of the mind, suppression of urine, stone in the bladder, enlargement of the ovaria, &c. But beside the circumstances already mentioned, there is one of much more frequent occurrence, which by all means in our power should be carefully guarded against; we allude to the ill-timed and improper management of a labor, and the consequent derangement of the order of its phenomena. In conducting a difficult labor, much foresight and decision are required to point out when the assistance of art may be necessary, or when we may safely depend upon the efforts of unassisted nature. And in this dilemma the stethoscope affords us the most unerring guide, for by it we are enabled to pronounce with certainty on the life or death of the fœtus.

Writers on midwifery enumerate the following symptoms, as indicating the death of the fœtus in utero; want of fœtal motion and pulsation at the fontanelles, a rolling as of a lump or dead weight to that side on which the mother is lying, shivering fits on the part of the mother, flaccidity of the breasts, fetor of the uterine discharges, an emphysematous state of the scalp, and a very loose feel of the bones of the cranium. These symptoms may assist our diagnosis before labor has commenced, but certainly are of no value when once labor has set in, for every one of them may be absent, and yet the child be already dead. But we would submit that the only certain criterion of deciding on the life or death of the fœtus, is the absence or presence of the peculiar double beat of the fœtal heart, which is easily discovered by a person accustomed to the use of the stethoscope. In this situation, perhaps the most interesting, and often the most embarrassing, in which the medical practitioner ever finds himself, the stethoscope, by affording him evidence the most unequivocal of the still persisting life of the fœtus, guides him in the adoption and execution of means best calculated to lead the case under his care to a favorable termination. If then we have once heard the fœtal heart, and after a time, having again instituted a most accurate examination (nor should the accoucheur, under circumstances calculated to arouse his suspicions that the labor might be protracted, ever omit making this necessary examination), find that this peculiar sound is no longer audible, we have in my mind positive evidence of the death of the fœtus, and that the time has arrived which not only justifies, but demands the scientific use of instruments. This in fact is, and has been the desideratum so long sought for by practical accoucheurs, constituting one of the most difficult and important parts of our professional duty: lest on the one hand we should have recourse to instruments precipitately, and unnecessarily sacrifice the life of the child; or on the other, defer their

application too long, till serious injury to the mother has actually occurred, or perhaps even her death become inevitable.

Symptoms, however, may arise in the progress of a difficult labor, requiring delivery before the fœtal heart has ceased, such as spitting of blood, convulsions, uterine hæmorrhage, emphysema, the existence of aneurism, and great tenderness of the abdomen on pressure, &c. &c.; but these causes for instrumental delivery may in some respects be considered accidental. At present we mean to confine our observations to the causes which are immediately connected with the powers of expulsion, as unaltered position of the child's head, either from impaction, or from, as termed by the French writers, '*la tête arrettée au passage*,' or from cessation of labor pains from exhaustion.

'Of twenty-three cases of difficult labor, requiring the child's head to be lessened, which came under my observation during the past year, the periods of labor varying from twenty-six to fifty-six hours, many of which had been several days in labor before they came under medical treatment, in nineteen, the fœtal heart, having been distinctly heard with the stethoscope, had ceased, and it was therefore neither necessary nor expedient to delay delivery; of the other four cases three required delivery from sudden exhaustion and debility setting in, and the fourth had been seventy-two hours in labor of her tenth child; the following are the particulars of her case.

Elizabeth Delaney, aged 36, was admitted into the Lying-in Hospital on the 20th of January, 1832, reported to have been two days in labor before admission, at which time the head of the child was high in the pelvis, and pressing strongly on the pubis, where it continued for twenty-four hours, during which time the patient suffered the greatest distress, the uterine action being almost constant. She had been twice forced delivered in this hospital before. Dreading rupture of the uterus, the head was lessened, and the delivery effected with the crotchet, as the head still remained so high as to be little more than within reach of the finger. One of the other three cases was that of Eliza Sweeney, aged 30, admitted into this hospital on the 3d of August, 1832, being her second pregnancy. This patient was thirty-six hours in labor, during which time the pains were feeble, yet the head of the child made considerable progress, her pulse remaining quiet, and no symptoms indicating present danger; the child's heart was also quite audible with the stethoscope; suddenly, however, the most alarming debility set in, and the pulse could scarcely be felt at the wrist; there was some vomiting, accompanied with much pain over the uterus on pressure. These symptoms induced a strong suspicion of the uterus or vagina being rent; the immediate delivery was therefore deemed necessary, the head was lessened, and the child brought away with the crotchet. She died on the 5th of August, and on post-mortem examination, an opening was found at the junction of the uterus with the vagina at its posterior part, exactly opposite to the promontory of the sacrum, which was not larger than to permit the passage of one finger through it; the muscular substance of the uterus at its anterior part, where it joins the vagina, had given way to a considerable extent, but the peritoneal covering remained uninjured; the pelvis measured scarcely three and a half inches in its

antero-posterior diameter; this woman had been forced delivered in this hospital eleven months ago, of her first child. Another of the three was that of Alley Byrne, æt. 24, who was admitted on the 24th of November, 1832, being her first pregnancy. This woman complained much of pains in her back and abdomen, from the time of admission till the 27th, without there being any dilatation of the os uteri, at which time the os uteri began to dilate, and on the 28th, at 9 o'clock, A. M., it was not fully dilated, but in consequence of her pulse being nearly imperceptible, and the woman being much exhausted, it was thought necessary to lessen the head, and accomplish the delivery with the crotchet. This case had been most carefully examined by Dr. Collins and myself twice on the 27th, but we were unable to detect the fœtal heart. The third case was that of Rose Penney, æt. 26, who was admitted into this hospital on the 16th of March, 1832, in her second pregnancy, and reported to have been three days in labor before admission; eighteen hours after which, it became necessary to lessen the head. From the time of admission until about twelve hours before she was delivered, the uterine action was feeble, and the labor made no progress whatever; the os uteri was not more dilated than the size of half a crown; when the uterus began to act strongly it gradually yielded, and as the head came nearly to press upon the perineum, its progress was prevented by a firm and unyielding band in the vagina, which appeared the chief obstacle to the passage of the head; the edge of the band was slightly cut with a blunt-pointed bistoury. Some hours after this was done, the head was found to have advanced, yet the band opposed it strongly; but as the fœtal heart's action had now ceased, which was becoming indistinct for some hours, the head was lessened and completely broken down (being allowed to remain in that state for three quarters of an hour, to permit the parts to dilate slowly by its pressure), and was then brought away without difficulty. We should remark, that this woman had a slight attack of convulsions during the progress of labor; at the time of delivery her pulse was 120, and she appeared very feeble and exhausted.

Thirteen cases of the twenty-three were first pregnancies, and in four the funis prolapsed in the progress of the labor.

We feel we are warranted in inferring from this statement, that the fœtus in utero can only sustain a certain degree of pressure, and that only for a limited time; but from what we have said in a former part of this paper, the number of hours a woman has been in labor cannot be taken as a guide. The phenomena which take place when the secale cornutum is exhibited in tedious labor, go to confirm this point, as it has been stated that in almost every case in which the ergot is given, the child is still-born; it also appears, that the fœtal heart ceases, in most cases, before the assistance of art is required, and before any very urgent symptoms arise on the part of the mother. By the aid of the stethoscope, we are enabled to determine, with accuracy, whether the time has arrived which justifies the use of instruments. The events of difficult labors, either as respects the mother or child, depend, in a great measure, on the manner in which women are conducted through them; to every practical man, cases will occur and a time arrive, when we are compelled of necessity to have recourse to the aid of instruments, for the more

safe and speedy delivery of our patient; and in the majority of such cases, we are but freeing the mother from imminent danger by the abstraction of the lifeless body of her child. Most women are impressed with the idea, that in difficult labors their safety in a great measure depends upon the skill of the attendant: it is therefore necessary we should act with the greatest caution; for how often do we see in the progress of difficult labors, the great principle of their patience and resolution (namely, the affection of the parent for the child) quite overcome by their present suffering, and persuading themselves that the child is dead, beg to be freed from their pain and danger. But the decision of the practitioner, to adopt such active measures, involving the life of a human creature, must be supported by sounder reasons and a better principle than conformity to the inclinations of others, and here it is that the stethoscope affords a certainty of information whereby he can regulate his conduct under such embarrassing circumstances.

Pursuing this subject still further, mediate auscultation will direct us as to the instruments necessary to be used in each particular case; for the forceps, an instrument which we see, even in the most experienced hands, cannot be employed without some risk both to the mother and the child, are certainly, we conceive, inapplicable, when the fœtal heart has ceased to be heard. In a case in which I used them lately, in every respect favorable for their application, and immediately before using them heard the fœtal heart most distinctly, the operation was performed with the greatest ease, and did not take up more than five minutes, still the child showed but little signs of life; and certainly respiration would not have been established, but for the unwearied attentions of some of the attendants, who exerted themselves to the very utmost in the energetic employment of every means calculated to reproduce animation, which were successful at the end of two hours; however, it survived but twenty-eight hours after birth.

The cases above enumerated may appear to some not sufficiently convincing, of the necessity, or perhaps even utility, of the stethoscope in the practice of midwifery; but its almost daily employment in the Dublin Lying-in Hospital, especially in the hands of Dr. Collins, the present efficient and able Master of this noble establishment, has afforded to all, who have witnessed the so frequently occurring instances of its application and value, ample evidence of its pre-eminent importance as a practical guide; in fact, entitling it to be ranked amongst the very greatest improvements made in practical midwifery during the past century.

We would not, however, be understood to say, that in every case in which the fœtal heart is inaudible, we would positively infer the death of the fœtus, as a case might by possibility occur in which the heart was inaudible from position, tumors of the soft parts of the mother, &c.; but such cases are of so very rare occurrence, as by no means to deserve to be looked upon as a practical objection to what we now propose. If the sounds of the fœtal heart have once been observed, and during the progress of labor cease to be heard, then there can be little doubt of the death of the fœtus.

We would wish to caution the young practitioner against some mistakes into which he might by possibility fall; namely, the confounding

the pulsations of the abdominal aorta of the mother with the fœtal heart; and also, that in some cases he will find the sound of the mother's heart transmitted along the abdominal parietes, so as to be audible by the stethoscope in the epigastrium, and the lateral parts of the abdomen and loins; but a comparison of the sounds of the fœtal heart, as heard through the cylinder, with the mother's pulse at the wrist, showing a vast difference in frequency between them, renders the mistaking the one for the other, in ordinary cases, quite impossible. The fœtal heart, which, in natural presentations, is generally to be heard in the right iliac or inguinal regions, perhaps a little towards the hypogastric, but in some cases in the opposite side of the abdomen, beats from 120 to 160 in a minute. However, in the course of a difficult labor, the mother's pulse may rise to this, or nearly to this standard; therefore it requires the frequent use of the stethoscope, and some discernment, to distinguish between them, when the pulse at the wrist corresponds in frequency with what we suspect to be the sounds of the fœtal heart. The young practitioner, by frequent examination, should well accustom his ear to the peculiar double beat of the fœtal heart, to enable him to pronounce with certainty in such difficult cases.—*Dublin Journal of Med. and Chem. Science.*

ON PARTIAL FRACTURE OF THE BONES.

Case of Partial Fracture of the Long Bones in Children. By JOHN GEORGE DALTON, Surgeon to the Baillieborough Dispensary.

A boy, 18 months old, fell into a sand pit, having his hand and forearm twisted under him; twenty minutes after which, he was carried into the dispensary. The appearances then evident were, the hand and forearm marked with sand and dirt, and just at the middle of humerus on the inside, a firm angular protuberance existed; a corresponding depression evident on opposite side; no alteration in length of limb; very little pain produced by handling; no swelling; the child had the limb hanging by his side, but by an effort could raise it, and bend the elbow without assistance; the motions of elbow joint, and forearm, perfectly distinct and natural. Although I was perfectly well aware of the occasional occurrence of such an accident as a partial fracture and bending of the bone in a child, I had never before met with it in practice. Had I however been ignorant of its nature, Mr. Hart's paper so clearly described its appearance, &c., that a mistake in recognizing it could not occur. It struck me, however, that had it been situated nearer the elbow joint, it might have been confounded with a separation of the epiphysis from the shaft of the bone, the treatment of which, if not differing, would not, I should think, render it a mistake of much consequence. I made an assistant fix the upper part of the arm, whilst with a very gentle extension I cautiously straitened and pointed the bone into its natural form, (keeping in mind the necessity of using a delicacy of manipulation, lest by completing the fracture I might seriously aggravate the injury); during which the child complained very little, and I easily and fully succeeded in my object, after which the limb appeared in no way to have suffer-

ed from the accident. The little fellow would have resisted as unnecessary the idea of confining the limb, which he appeared quite willing and able to use. I applied, as in ordinary fracture of this part, bandage, pads, and splints, for which latter I used pasteboard wetted and fitted for the limb, which I placed in a sling in the semiflexed position. I saw the child almost daily; very little pain or uneasiness occurred; on the 8th day I cautiously removed the bandage, &c., entirely, and I could not see any alteration in the strength of the limb, nor any deformity, except a very trifling hardness just at the spot where the bending inwards had existed. He applied the bandages, &c., and yesterday, fourteen days after the occurrence of the accident, I finally removed them, and the arm appears, with the exception of the slight hardness (which is just perceptible on a minute examination), in every respect equal to the other in strength and appearance.

I was lately attending in a gentleman's family, in whose son, now about 3 years old, there appeared, when a few months old, a prominence just at the sternal extremity of the clavicle, but how produced could not be ascertained: the efforts then used could not remove it, and as it produced no apparent inconvenience to the child, the parents felt no alarm at its continuance. On a careful examination now, I can plainly feel the clavicle bent upwards suddenly, close to the sternal articulation, appearing as it were swollen above, hollow below; the joint is very lax. I did not propose any plan for its removal, not being aware of any which could now remedy this deformity, which however is not attended with the slightest impairment of power in the motions or strength of the arm.

For many months after its appearance, I understand, various bandages, compresses, &c., had been ineffectually used. It appears to me evidently to have been a partial fracture and bending of this portion of the clavicle, produced probably by a sudden force applied at the extremity of the bone at the shoulder joint.—*Ibid.*

FEIGNED DISEASES.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The article upon this subject, in page 256 of your Journal, reminds me of some reflections which formerly occurred to me when from certain circumstances I was induced to make it a matter of particular attention. I finally came to the conclusion, that many of the signs, usually supposed to be decisive, that diseases or symptoms have been feigned, are very far from being satisfactory.

A patient, who asserts that he is unable to walk, and perhaps has been confined to his bed for months or years, is detected in getting up, when he is alone, and going about his room. Another pretends that he has lost his voice, and cannot articulate at all, or only in a whisper. He is discovered reading aloud, or repeating without difficulty a passage of poetry, when he supposes no one to hear him. A third imagines he cannot move his feet, and yet has been known to start them very suddenly, upon the application of an overheated brick. In these and numerous parallel cases, the defective functions are often completely re-

stored (sometimes only temporarily, at others permanently) by a gust of passion, as of joy or anger, by a cry of fire, or by a sudden notice of great danger, or even by a matter of intense curiosity.

Shall we say that all these cases are feigned? Or if we are more charitable, shall we suppose them to be only hypochondriacal affections, arising from a disordered imagination? I am decidedly of opinion, that neither of these conclusions is in every instance necessary, and perhaps will not follow in the majority of such cases.

We know that habits often continue, long after their original causes have ceased. After the debility which disenables the patient from walking is removed, the association between the mind and the muscles for this particular motion may be so imperfect, that the latter will not easily obey the will, especially when there are present circumstances to embarrass the attention. The same remark applies to the organs of speech. This is well known by those who have attended to the phenomena of stammering. Stammerers, when in a passion, can either speak with fluency, or cannot articulate at all; just in proportion as their ideas become clearer, or more confused, from the extra excitement. A powerful exertion of the will often enables particular muscles and whole organs to act, which were insusceptible to any of its ordinary efforts, and occasionally renews the connection between mind and body, which, from long previous disease and disuse, had been so weakened as to seem to have been absolutely severed.

I believe it almost always happens, that people who are recovering from lost speech are first found to be exercising their vocal powers when they are alone; and even after they articulate readily in private, it is frequently a considerable time before their organs can readily obey the will in presence of others. The same fact is occasionally to be observed, in those who are recovering the use of their limbs from debility or paralysis. Upon these principles, I am by no means certain that the case referred to in the Journal, page 257, of the invalid who left the ship upon the alarm of fire, is to be considered as one of *malingery*. Similar cases have been stated from good authority, of other invalids who have as suddenly recovered, from similar causes, where there has not been the least suspicion of deception, and no motive for imposition.

We ought to be extremely cautious, and not to push our experiments too far, either as a matter of curiosity or for detecting imposition. Since the discoveries of Charles Bell, the reason is very apparent of a fact before well known. The nerves of voluntary motion may be completely paralyzed, while those of sensation retain all their susceptibility, very possibly in a greater degree than in perfect health. Cataleptic patients are said sometimes to retain their consciousness, enduring the most cruel tortures from punctures, urtication, and other harsh experiments. I have myself witnessed a case of complete consciousness, in a swooning that seemed to amount to an almost complete syncope, the patient the next day recollecting and repeating, with great minuteness, nearly every circumstance that occurred in the room during the paroxysm.

One remark appears to me to be of great importance. All cases of suspected *malingery* that occur in the army, navy, penitentiaries, jails

and state prisons, ought always to be submitted to the sole decision of the medical and surgical departments of these institutions. They involve some of the most curious and intricate questions that ever are brought before the faculty. The ablest physicians, indeed, may be sometimes deceived; but when they are, it is probably almost always on the right side—that of humanity. When the other officers interfere, it ever creates greater difficulty than it remedies, causes a clashing in departments which have distinct duties, and generally ends not only in useless, but inhuman severity. It is far more humane, and in a practical point of view much better for the public service, that occasionally an idle prisoner, on condition of his submitting to the regimen of the sick, should be excused from labor, or that a knavish poltroon should be discharged from the army, than that scores of real invalids should suffer from the hasty decisions of inexperienced, unprofessional, and improper judges. Such is the imperfection of human nature, that the most skilful are sometimes mistaken in their diagnostics; but probably it is not more frequent in cases of feigned sickness, than in ordinary diseases.

In a military point of view, there is an important consideration that is apt to be overlooked. It is necessary that, as far as possible, none but sound men should be retained in the public service. The hospital is generally the greatest burden on an army. It is therefore very improper to enlist or detain men, who, there are strong reasons to suspect, will be unfit to perform their duty. Justice to the public, as well as humanity to the individual, demands, where there cannot be established any positive standard, that we should lean to the side of lenity. This will undoubtedly be the bias of the medical staff, and it ought to occasion no jealousy in any other department. SENEX.

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PREVENTION OF PHTHISIS.

We notice, in a late number of the London Medical and Surgical Journal, a very able and interesting lecture by Professor Graves, of Dublin, on the causes, nature and treatment of phthisis pulmonalis. Dr. G. strongly reprobates the practice of treating subjects, predisposed to this disease, by confinement, seclusion from the air, spare diet, and inactivity. His mode of prevention is that of fortifying the system by free exposure to atmospheric vicissitude, by active muscular exercise, and by the freest diet which the digestive powers are able to sustain; at the same time duly regulating the action of the bowels, but with as little aid as possible from strictly medical treatment. This view of the subject is not indeed new; but it is urged by Dr. G. in the passage to which we refer with such eloquence and earnestness, that we have thought it best to quote his own words, in order to impress on the minds of our readers, with the

same force with which they have been brought home to our own, views which we consider so just and philosophical on this important subject. How deeply interesting is every suggestion on the means of preventing phthisis. Who is there of the profession among us that does not duly realize this, when we see, day after day, swallowed up in this yawning gulph, the fairest and most promising in youth, the most cherished and useful members of the social circle in mature life; their fate only the more bitter from having been long anticipated, and from the mortifying consciousness that we can do little to arrest the progress of the destroyer when he has once secured a hold of his victim. In acute diseases, the very rapidity of their course, which scarce leaves time for the action of remedies, furnishes constantly to the practitioner the excitement of hope, and the delightful even if delusive feeling that he is controlling in some degree the progress of the symptoms. But in this, how often will it happen that the resources of skill and science seem utterly exhausted, ere half the work of disease is completed, so that the practitioner has the sad alternative of quelling the apprehensions of the patient by remedies in which he scarce feels himself the slightest confidence, or sitting down together with him in hopeless despondence. If there is any means of preventing the developement of this dreadful malady in those who from hereditary predisposition may be considered its proper subjects, we would devoutly pray that it might be impressed not only on our pages and those of every medical journal, but on the columns of every paper which circulates through the country, that it might meet the eye and be engraven on the memory of every citizen. We make no apology, then, for introducing this quotation on a hacknied topic. To those who know the good sense which pervades Dr. Graves's writings, it will be doubly welcome as coming from him; and to those who love truth, if it borrows her language it will need no other or stronger recommendation.

'You will ask me what is to be done, in order to avert this phthisical tendency? It was formerly thought, that consumption arose from inflammation of the lung, and, on this erroneous reasoning, was founded its preventive treatment; the patient was confined to his room, and kept in an equable temperature, wrapped up in flannel. I well remember this mode. If a family lost one of its members by consumption, these were the means employed to avert its occurrence in those who remained. This absurd mode was followed with rigorous exactness, and the constitutions of the survivors were so debilitated thereby, that they became similarly affected, and in time the whole were swept away. All these precautionary measures generally tend to the same purpose, to make the constitution delicate, and consequently more liable to the inroads of phthisis. A rational physician will endeavor to prevent its occurrence, not by confining his patient and wrapping him in flannel, but by hardening him against cold. Any one, who wraps himself up and confines himself within doors, takes cold in ten-fold proportion to the person who dispenses with superfluous covering, washes his chest with cold water, and

rises early in the morning. Habits such as these, with a good, nutritious, but not stimulating diet, and exercise, are the best preventives of phthisis. Make your patient lay aside slops and tea; let him take wholesome fresh meat, bread, and good beer; let him rise early and breakfast early, and dine also early; when the weather permits, make him be in the open air for four or five hours, taking exercise on a jaunting car, or on the top of a coach. The good diet will invigorate the system, and, so far from producing inflammation, will do exactly the contrary. No superfluous muffling should be used, nor would I recommend the young gentlemen, who wish to avoid cold, to come to hospital in the morning with a boa round their necks. Exercise should also be taken on an open vehicle, close carriages avoided, and the patient should commence cautiously the plan recommended by Dr. Stewart of Glasgow, of washing the chest with vinegar and water, beginning with it warm, and reducing the temperature gradually until it can be used completely cold. You will have great success in preventing phthisis by following this plan. In all cases, also, where phthisis is hereditary, I would strongly recommend the insertion of issues or setons in the chest, before or after puberty, and I am of opinion that if you happen to have an application made to you for advice, before the disease commences, you will certainly avert its occurrence by this practice. You should, however, employ this mode of treatment with due consideration; issues and setons are very unpleasant things, and you should not make your mode of prevention more powerful than necessary. The only cases in which you are authorized to have recourse to them, *as preventives*, are those in which there is a family predisposition to phthisis. I look on issues and setons as one of the most important means in the prevention, if not in the treatment, of phthisis. Their utility in diseases of the hip-joint and spine has been long acknowledged. It is the knowledge of this fact which induces me to recommend them in phthisical cases. I consider their value very great; and when I employ them, I generally recommend a nutritious diet, which is of advantage where there is an outlet for matter from the system. I never treat a case of decidedly incipient phthisis without inserting, at least, two setons under the collar-bones. The following observation, made by an intelligent medical friend, is deserving of attention. "I had inserted a seton over the left mamma, where bronchial rales, diminished respiration, and commencing crepitus, indicated advancing tubercular inflammation. These stethoscopic phenomena were much increased every time he caught cold in his chest, and he felt sensibly, by the wheezing and uneasiness in that part of his chest, that whenever he caught cold, the lung there was most engaged. The effects of the setons were such, that, in the course of three months, having contracted a severe cold, that part of the lung was comparatively free from the bronchitis." For the accuracy of this fact I can vouch.

'Concerning the climate to which we may find it necessary to recommend a patient to remove, either for the prevention or alleviation of phthisis, I shall now offer a few remarks. When you enjoin a change of climate, and make persons leave the country in which they have lived from infancy, you should not send them to the same, or nearly the same, climate: the change should be to a completely opposite one. Italy, the south of France, or Madeira, are not sufficiently different. It is absurd, in my mind, to send a patient from the British islands to any part of the continent of Europe. Towns on the sea-coast of any part of it will not do; I would prefer the East or West Indies, South Carolina, or Florida,

the northern states of South America, or Egypt. Many improvements in the social condition of the last named country, tend to render it a desirable place of residence; and if the present enlightened pacha continue to promote the advantages which it has gained within the last few years, it will become as agreeable a place of residence as any person can desire. Moreover, Clot Bey has confirmed the statement of Savary, that in Egypt pulmonary diseases are almost entirely unknown.'

THE APPLICATION OF LEECHES.

This is an art to be learned. He who should practise it without previous instruction, would be likely to do harm but seldom—but once perhaps in an hundred applications. Since, however, it is a mere chance where that once may come, each who is placed under the hand of such an operator takes his share of the risk. The safety, therefore, of all, requires that these animals should be entrusted to the management of such only as have been instructed in the modes of their safe and useful application. Another advantage resulting from the employment of experienced persons in this business, is, that the leeches are applied by them with much less annoyance to the patient—an object, in some cases, of the first importance. The family is also relieved of the care and responsibility of attending to them, and of promoting the flow of blood from the wounds, all which is but imperfectly understood by ordinary attendants. The physician also shares his full proportion of good from the establishment of this class of practitioners. He prescribes leeches with more freedom and more confidence that benefit will be derived from them, than he could do under different circumstances, and he is relieved from the urgent solicitations of anxious and cautious parents and friends, that he would himself attend to the fulfilment of his prescriptions—solicitations which he often finds it difficult or impossible to resist, though his haste be ever so great, and his long list of visits but just begun. In fact it would require less time to apply an hundred, than it would to point out the advantages of having persons among us who are entirely devoted to this branch of practice.

There are in this city three persons, with whom we are personally acquainted, who are ready at all hours of day or night to answer our calls for this purpose. These persons are Mr. and Mrs. Thayer, who reside at No. 38 Milk Street, and who have given great satisfaction to those who have employed them, as well as to the faculty; and Mrs. Bell, who has been many years known as a faithful nurse. Mrs. B. has recently taken up the business, and resides at the corner of Franklin and Federal Streets. There are probably others we know not of; and it ought perhaps to be mentioned in this brief notice, that no demand is made or expected by these individuals *for their services*, their profits being on the sale of their leeches, for which they charge the same as the apothecaries.

MEDICAL POLICE.

We have just had put into our hands the Regulations, Ethics, and Fee Bill of the Medical Association of the City of Washington. In its provisions regulating professional intercourse, the amount of fees, &c., it corresponds almost exactly with the code adopted by the Boston Medical Association more than twenty years since, and which from that day to this has been found admirably calculated to protect our citizens from quackery and imposition, and to secure the respectability, dignity and harmony of the medical profession. We were surprised to hear that some dissatisfaction and even excitement had been manifested among a portion of the citizens of Washington, in consequence of the adoption of these rules by the profession—rules which have long regulated the medical faculty in most of our large towns and cities, and which experience has proved to be highly useful to the community, as well as to the profession.

We trust that the physicians of Washington have been unanimous in the adoption of these rules, and will adhere to them with honorable exactness. It is to be lamented that the endeavors of the faculty in any place to preserve harmony and good brotherhood among themselves, and to ensure the best attendance to the sick, should be opposed by blind excitement, among the people who are to reap the benefits of such institutions; but it is more lamentable when, in the midst of these endeavors, there are found in the ranks of the profession, as there sometimes are, a few who are willing to take advantage of such excitement, to introduce themselves into practice, or to resort, for this purpose, to any of the artifices that are too common in a badly regulated faculty. In their dealings with and deportment towards each other, the followers of almost every branch of business support an honorable bearing;—nay, among those even whose pursuit is most revolting to humanity, there proverbially exists a degree of honor. But there is something in the occupation of medical men that makes it necessary for them to have written rules, and to abide by them. Every intelligent observer of mankind will acknowledge this to be a fact; and it is a fact no less uniformly true, that the individuals who oppose such associations from interested and unworthy motives, become, ere long, thoroughly known and appreciated by the public. As a matter of policy merely, there is certainly nothing like honesty.—These remarks are of general application, and not directed to any particular quarter—every man in every place should know, and always remember, that the honest man who carries the hod or stands at the anvil, occupies more elevated ground than he who calls himself a doctor and departs from the high and sacred principles of the profession.

MASSACHUSETTS MEDICAL SOCIETY.

The Annual Meeting of this Society was held on Wednesday last, at the Boston Athenæum. It was much more fully attended than any previous meeting since the organization of the Society. The meeting was not only full, but peculiarly agreeable, and all the proceedings gave evidence of a degree of harmony and prosperity truly grateful to every one interested in the promotion of medical science and the best interests of the profession. At one o'clock a very interesting, instructive, and eloquent address was read by Walter Channing, M.D., who had been recently requested to supply the place of Dr. Bigelow—the regular speaker on the occasion, but now absent on a visit to England. At 3 o'clock the Fellows of the Society assembled at the Exchange, and at 4 partook of a rich repast. In the evening the President of the Society held a levee at his house, where such of the members as had not left town had a further opportunity for social enjoyment.

The Counsellors elected on this day assembled on Thursday for the usual purposes of such meeting. Dr. Howe was chosen to deliver the next annual address, and the following were elected officers for the ensuing year.

J. C. Warren, M.D., *President*.—J. Dixwell, M.D., *Vice President*.—G. Hayward, M.D., *Corresponding Secretary*.—E. Hale, jr., M.D., *Recording Secretary*.—W. Channing, M.D., *Treasurer*.—D. Osgood, M.D., *Librarian*.

COUNSELLORS.

For Suffolk—Drs. William Ingalls, John Dixwell, James Jackson, Benj. Shurtleff, John C. Warren, John Randall, Geo. C. Shattuck, John B. Brown, Walter Channing, Jacob Bigelow, George Hayward, Enoch Hale, jr., Solomon D. Townsend, John Ware, Zabdiel B. Adams, David Osgood, Edward Reynolds, John Homans.

For Essex.—Drs. Richard Hazeltine, Abel L. Pierson, Andrew Nichols, Thomas Manning, Samuel Johnson, Joseph Kittredge, Jeremiah Spofford, Richard S. Spofford, E. L. Coffin, Calvin Briggs, J. W. Johnson, Rufus Longley.

For Middlesex—Drs. A. R. Thompson, Amos Bancroft, Calvin Thomas, Rufus Wyman, Thomas Bucklin, John Walton, Zadock Howe, William J. Walker, Timothy Wellington, J. C. Dalton, Ephraim Buck, J. Bartlett.

For Worcester—Drs. Stephen Bachelder, jr., John Green, Charles W. Wilder, Benj. F. Heywood, Edward Flint, Amos Parker, Geo. Willard, Gustavus D. Peck.

For Hampshire—Drs. Joseph H. Flint, Alpheus F. Stone, Stephen W. Williams, Levi W. Humphreys, Bela B. Jones, Elisha Mather.

For Berkshire—Drs. Henry H. Childs, Robert Worthington, Wm. H. Tyler, Asa G. Welch, Alfred Perry, Hubbard Bartlett, R. Fowler.

For Norfolk—Drs. Noah Fifield, Nathaniel Miller, John Bartlett, Robert Thaxter, Samuel Bugbee, Jeremy Stimson, Ebenezer Alden.

For Plymouth—Drs. Nathan Hayward, Hector Orr, Charles Macomber, Ezekiel Thaxter, Paul S. Nichols, N. Whitman.

For Bristol—Drs. Alexander Reed, A. Mackie, W. Witridge.
For Barnstable—Drs. Joseph Sampson, Aaron Cornish, Paul Swift, Jonathan Leonard, jr.

CENSORS.

For the First District, and for the Society—Drs. Walter Channing, Geo. Hayward, Enoch Hale, jr., John Homans, W. J. Walker.
For the Second District—Drs. John Green, Benj. F. Heywood, Edward Flint, Charles W. Wilder, Gustavus D. Peck.
For the Third District—Drs. Joseph H. Flint, Elisha Mather, Atherton Clarke, Edward Dickinson, David Bemis.
For the Fourth District—Drs. Alfred Perry, William H. Tyler, Orren Wright, Robert Worthington, Asa G. Welch.

We regret that the prospect the Society had of procuring a very eligible site for a Medical Hall, has been destroyed by the sale of the lot for other purposes.

DEATH OF DR. TREADWELL.

The profession and the public have sustained a heavy loss in the recent death of Dr. Treadwell, of Salem. He was a man of genius and learning, an able and skilful physician, an affectionate friend, and both distinguished and useful in every branch of science to which his superior talents were directed. He died very suddenly, at the age of 65. We hope soon to make a record of Dr. T. more accordant with his deserts.

The Black Death in the Fourteenth Century.—It was reported to Pope Clement, at Avignon, that throughout the East, probably with the exception of China, 24,840,000 people had fallen victims to the plague. Merchants, whose earnings and possessions were unbounded, coldly and willingly renounced their earthly goods. They carried their treasures to monasteries and churches, and laid them at the foot of the altar; but gold had no charms for the monks, for it brought them death. They shut their gates; yet still it was cast to them over the convent walls. People would brook no impediment to the last pious works to which they were driven by despair. When the plague ceased, men thought they were still wandering among the dead, so appalling was the living aspect of the survivors, in consequence of the anxiety they had undergone, and the unavoidable infection of the air. Many other cities probably presented a similar appearance; and it is ascertained that a great number of small country towns and villages, which have been estimated, and not too highly, at 200,000, were bereft of all their inhabitants. In many places in France not more than two out of twenty of the inhabitants were left alive, and the capital felt the fury of the plague, alike in the palace and the cot. The churchyards were soon unable to contain the dead; and many houses, left without inhabitants, fell to ruins. In Avignon, the Pope found it necessary to consecrate the Rhone, that bodies might be thrown into the river without delay, as the churchyards would no longer hold them; so likewise, in all populous cities, extraordinary measures were adopted, in order speedily to dispose of the dead. In Vienna, where for some time 1200 inhabitants died daily, the interment of corpses in the church-yard and within the churches was forthwith prohibited; and the dead were then arranged in layers, by thousands, in six large pits outside the city,

as had already been done in Cairo and Paris. It many places, it was rumored that plague patients were buried alive, as may sometimes happen through senseless alarm and indecent haste; and thus the horror of the distressed people was everywhere increased. In Erfurth, after the church-yards were filled, 12,000 corpses were thrown into eleven great pits; and the like might, more or less exactly, be stated with respect to all the larger cities. Funeral ceremonies, the last consolation of the survivors, were everywhere impracticable. In Padua, after the cessation of the plague, two thirds of the inhabitants were wanting; and in Florence it was prohibited to publish the number of the dead, and to toll the bells at their funerals, in order that the living might not abandon themselves to despair.—*Translated from the German by Dr. Babington.*

Use of Conium in Cancerous Diseases.—Mr. Williams has used, with considerable success, poultices of the leaves of Conium Maculatum in cancer of the breast, as well in the scirrhous as in the ulcerative period. The application was continued until the patient became fully under the influence of the plant, as rendered evident by the occurrence of symptoms of narcotism.—*American Journal.*

Anomaly in the Pneumogastric Nerves.—M. Bignandi communicated to the Anatomical Society of Paris, the dissection of a woman in whom both pneumogastric nerves presented in their whole course a series of ganglions, some as large, others smaller than the intervertebral ganglions which they resembled in their structure. The great sympathetic of the left side was atrophied, and on this side the ganglions of the pneumogastric were both larger and more numerous. This woman, through life, exhibited nothing remarkable, except that she had a most voracious appetite.—*Dublin Journal.*

Dr. McNab's case of the Extirpation of a Diseased Parotid, and the second No. of the Surgical Gazettes of Paris, are excluded from the present No. by want of room. They will be published in our next.

Whole number of deaths in Boston for the week ending June 7, 32. Males, 15—Females, 7. Of lung fever, 1—consumption, 3—colic, 1—pleurisy, 1—scarlet fever, 2—drowned, 1—dis. 2—apoplexy, 1—infantile, 1—unknown, 2—mortification, 1—hip complaint, 1—intemperance, 1—delirium tremens, 1—croup, 2.

ADVERTISEMENTS.

HARVARD UNIVERSITY.

MEDICAL LECTURES.

THE MEDICAL LECTURES in HARVARD UNIVERSITY will begin in the Massachusetts Medical College, Mason Street, Boston, the *third Wednesday* in *October next*, at a quarter before nine, A. M., and continue four months.

Anatomy and Surgery, Dr. WARREN.
Chemistry, Dr. WEBSTER.
Materia Medica, Dr. BIGELOW.
Midwifery and Medical Jurisprudence, Dr. CHANNING.
Theory and Practice of Physic, Dr. JACKSON, Dr. WARE.

WALTER CHANNING, *Dean.*

Boston, *May* 15, 1833. 1aft.

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